

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/589,778
<i>(Use as many sheets as necessary)</i>				Filing Date	April 25, 2008
				First Named Inventor	Shilliday
				Art Unit	3616
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	53982/333698

U.S. PATENT DOCUMENTS					
Examiner Initials *	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
		US-6,273,457	08-2001	Fischer	
		US-7,048,301	05-2006	Walsh	
		US-2005/0006882	01-2005	Wang	

Examiner Signature	Date Considered
--------------------	-----------------

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.